Training Program Distribution System TPDS Casual (83000-89999) Requirements		5. Email Address		6. Fax Number		3. Order Point # 4. Date
						7. Page of
8. Catalog Number	ber 9. Product ID		10.	Quantity	11. Confirmation Number (FOR CADC USE ONLY)	
85713C		3020-999		10		Sample
12. <b>I</b>	Recipie	nt Shipping Information	(Wh	ere Order should	be	shipped)
Internal Revenue Service ( (Name)	or an A	Alternate Address)				
(Street Address)		(Mail Sto	p, Rooi	n Number, Suite Number	)	
(City)	(S	tate)		(Zip Code)		
Phone Number of Recipient	(	)				
<b>.</b>	Fax Form to CADC 309-662-2432					

## **INSTRUCTIONS FOR FILLING OUT Casual Order Form 5542 A**

- 1. Contact name of person ordering material
- 2. Phone number of contact person
- 3. Order Point Number for location where order is being **shipped**
- 4. Date the order is being placed
- 5. Email address of contact person if available
- 6. Fax Number of contact person
- 7. Total pages of order
- 8. Catalog number of item being ordered
- 9. Product ID number of item being ordered
- 10. Quantity of item being ordered
- 11. Confirmation Number Person inputting order will fill in this information and fax it back to Contact Person within 2 workings days. If you do not receive your confirmation (order number) on a faxed order within 2 working days please do not refax the order. Call 1-877-752-2970 and provide them with the date of the fax order, contact name and phone number.
- 12. Recipient Shipping Information Must include Recipient's Name, Street Address (No PO Boxes), Stop/room or suite number, City, State and Zip Code, Phone Number of Recipient